

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	9/19/00
O.I.P.E. CLASSIFIER			2-1-02-00
FORMALITY REVIEW	CP	69605	6-7-02
RESPONSE FORMALITY REVIEW			7-11-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	MIN
2	+
3	+
4	+
5	+
6	+
7	+
8	+
9	+
10	+
11	+

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

3678 U.S. PTO  
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